

## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Instructions

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name)  
Marialaura

2. Surname (Last Name)  
Bonaccio

3. Date  
31-March-2020

4. Are you the corresponding author?  Yes  No

5. Manuscript Title  
Socioeconomic gradient in health: mind the gap in 'invisible' disparities

6. Manuscript Identifying Number (if you know it)  
ATM-20-2929(E2020030279-31855265-ZJR)

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Dr. Bonaccio has nothing to disclose.

### Evaluation and Feedback

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## ICMJE Form for Disclosure of Potential Conflicts of Interest

### Section 1. Identifying Information

1. Given Name (First Name) Augusto	2. Surname (Last Name) Di Castelnuovo	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marialaura Bonaccio
5. Manuscript Title Socioeconomic gradient in health: mind the gap in 'invisible' disparities		
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Dr. Di Castelnuovo has nothing to disclose.

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1. Given Name (First Name) Giovanni	2. Surname (Last Name) de Gaetano	3. Date 31-March-2020
4. Are you the corresponding author?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Corresponding Author's Name Marialaura Bonaccio
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1. Given Name (First Name)

Licia

2. Surname (Last Name)

Iacoviello

3. Date

31-March-2020

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 Yes No

Corresponding Author's Name

Marialaura Bonaccio

5. Manuscript Title

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